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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/941,383	08/28/2001	Dana C. Bookbinder	SP01-243 / 9272-7	6010

20792 7590 10/08/2004

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PO BOX 37428
RALEIGH, NC 27627

EXAMINER

HOFFMANN, JOHN M

ART UNIT	PAPER NUMBER
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1731

DATE MAILED: 10/08/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Application No.	Applicant(s)	
	09/941,383	BOOKBINDER ET AL.	
	Examiner	Art Unit	
	John Hoffmann	1731	

All participants (applicant, applicant's representative, PTO personnel):

(1) John Hoffmann. (3) _____.

(2) Linda ? (4) _____.

Date of Interview: 04 October 2004.

Type: a) ☒ Telephonic b) ☐ Video Conference
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.
If Yes, brief description: _____.

Claim(s) discussed: n/a.

Identification of prior art discussed: n/a.

Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner stated that the indication of "Final Rejection" was an error. The cover sheet of the last Office action (sept 2004) was correct: it was a non-final rejection.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

JOHN HOFFMANN
PRIMARY EXAMINER
GROUP 1300

10-4-04

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required